

Late-life depression

Wisconsin Public Psychiatry Network

Teleconference

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Message #1

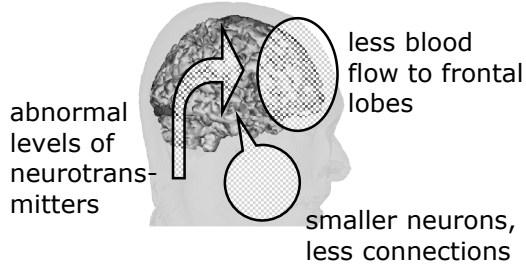
Late-life depression is a **common** and serious **brain disorder** that can lead to ...

- lower quality of life,
- worsening medical problems,
- less ability to care for oneself, and
- disability.

Late-life depression is common

- About 4% of adults > 55 y.o. have a mood disorder, usually **major depression**.
- Depression is more common among:
 - outpatients in medical clinics (5-10%)
 - hospitalized patients (11%)
 - nursing home residents (12-22%)
- The graying of the U.S. population will result in a greater number of adults adults with depression.

Depression is a serious brain disorder



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Consequences of untreated depression and anxiety

- disability and loss of independence
- loss of social network and isolation
- diminished quality of life
- exacerbation of medical problems
- suicide attempts and suicide

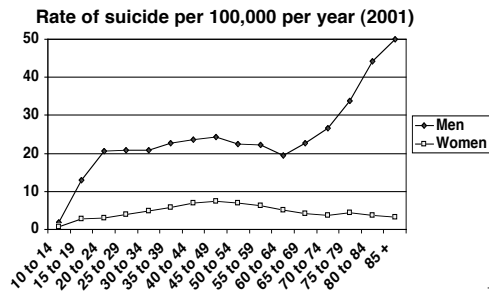
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Message #2

Suicide is the most serious consequence of depression. **Older men** are at especially high risk for suicide.

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Suicide rates by age group



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Suicide among older adults

- less likely to *attempt*, more likely to *complete*
- suicide attempts in older adults are more likely to be **lethal**:
 - greater planning and resolve
 - fewer warnings to others of suicide plans
 - less physical resilience
 - more violent and potentially deadly means (e.g., guns)

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Guns and suicide

- access to **guns**: 28% of older adults have a gun in the home
- use of guns: 71% of elderly suicides
 - 80% of suicides among older men
 - 37% of suicides among older women
- recent purchase of a firearm is a troubling sign

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Assessing risk of suicide

- suicidal ideation
- loneliness and poor social supports
- severity of depression
- widowed or divorced
- prior history of suicide attempts
- gender and age
- access to lethal means (e.g., guns)

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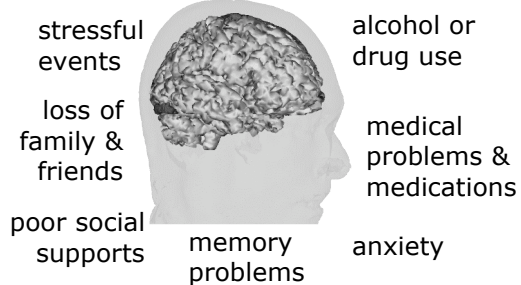
Message #3

Depression occurs in the context of **medical illness**, abuse of **alcohol** and substances, **memory** problems and **stressors** associated with aging.

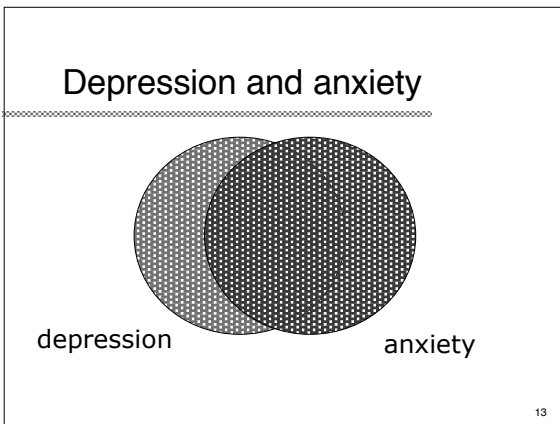
A complete evaluation of an older adult with depression should address each of these points.

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Depression occurs in the context of age-related problems



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- ### The effect of drugs and alcohol on depression and anxiety
- rate of problem drinking in older adults: depending on the study, 1-15%
 - alcohol
 - chronic use -> depression, memory problems
 - withdrawal -> anxiety
 - prescription medications
 - narcotic pain killers (opiates)
 - sedatives and hypnotics
 - marijuana
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- ### Depression and anxiety in the medically ill
- heart disease and heart attacks
 - stroke
 - cancer
 - hypothyroidism
 - Parkinson's disease
 - Alzheimer's disease
 - multiple sclerosis
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Message #4

Key symptoms in making the diagnosis of depression in the elderly include:

- loss of interest in activities,
- frequently feeling like crying,
- difficulties with memory or concentration, and
- recurring thoughts of death or suicide.

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DSM-IV criteria for major depressive episode

- depressed mood
 - **diminished interest or pleasure**
 - weight loss or gain
 - insomnia or excessive sleep
 - agitation or slowing
 - fatigue
 - feelings of worthlessness or guilt
 - **decreased concentration**
 - **recurrent thoughts of death/suicide**
- at least
5 symptoms
for at least
2 weeks

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Types of depression

- major depression
 - with or without psychotic features
- bipolar depression
- dysthymic disorder
- substance-induced mood disorder
- adjustment disorder
- minor depression
- (bereavement)

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Symptoms in older adults

- more cognitive symptoms, in particular memory loss
- more physical symptoms: pain, nausea, headaches (somatization)
- less likely to endorse depressed mood or use psychological language
- “minor depression” more common (prevalence up to 15%)

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Screening for depression

- formal screening tools:
 - Geriatric Depression Scale
- **just ask**: the client, family, caregivers
 - changes in mood, interests or activities
 - changes in sleep habits
 - changes in appetite and weight
 - symptoms of anxiety
 - suicidal ideation

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Message #5

Treatments for late-life depression, including **antidepressants** and **psychosocial** interventions, are safe and effective.

Promptly refer your clients to a physician for a medical evaluation.

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Overview of the treatment of depression and anxiety

- psychotherapy
 - CBT and IPT
 - supportive
- psychoeducation of client and family
- address withdrawal and social isolation
- medications

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How do antidepressants work?

- time to response: weeks to months
- duration of treatment: months (to years)
- common side effects:
 - gastrointestinal
 - cardiovascular
 - sexual

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Which antidepressants are used?

- serotonin antidepressants (SSRI's)

■ citalopram	Celexa
■ escitalopram	Lexapro
■ sertraline	Zoloft
■ paroxetine	Paxil
■ fluoxetine	Prozac

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Which antidepressants are used?

- other newer antidepressants
 - venlafaxine **Effexor**
 - mirtazapine **Remeron**
 - bupropion **Wellbutrin**
- older antidepressants
 - tricyclic antidepressants

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Message #6

Refer your client to a **psychiatrist** if she is suicidal, has severe or psychotic depression or bipolar disorder.

Electroconvulsive therapy is a viable option for the treatment of depression.

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Management of suicidality

- urgent referral to psychiatric evaluation:
 - local emergency department
 - mental health center (crisis team)
 - psychiatric urgent care clinic
- hospitalization
 - lower threshold than for younger adults
- psychosocial and medical intervention
 - electroconvulsive therapy (ECT)

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ECT for severe depression

- most effective and most rapid treatment for severe late-life depression
 - response in days rather than weeks
 - useful when other treatments (meds and psychotherapy) have failed
 - especially useful in life-threatening situations: malnutrition, dehydration, suicidality
- performed in a highly monitored setting, with nurses, anesthesiologist and psychiatrist
- side effects and complications: cardiac, respiratory and memory problems

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Assessment & management of depression: summary

- assess current symptomatology:
 - depression and anxiety
 - suicidality
 - drug and alcohol use
- assess psychosocial situation:
 - stressors and supports
 - caregiver burden
 - activities of daily living
 - elder abuse

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Assessment & management of depression: summary

- refer to appropriate level of services
 - primary care provider
 - psychotherapist
 - psychiatrist or geriatric psychiatrist
 - hospitalization

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